

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8308	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED R 03/18/2019
NAME OF PROVIDER OR SUPPLIER NHC PLACE SUMNER			STREET ADDRESS, CITY, STATE, ZIP CODE 140 THORNE BOULEVARD GALLATIN, TN 37066		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{N 000}	Initial Comments A Life Safety revisit survey was conducted on 03/18/2019 for the previous deficiencies cited on 01/22/2019. The deficiencies have been corrected, and no new non compliance was found. The facility is in compliance with all regulations surveyed.	{N 000}			

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

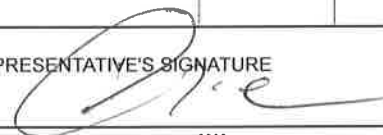
(X6) DATE

Division of Health Care Facilities

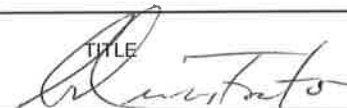
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N 000	Initial Comments A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 01/22/2019. During this Life Safety Survey, NHC Place Sumner was found not in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition). The requirements at 1200-080-06, Standards for Nursing Homes is NOT MET as evidenced by: **** All penetrations requiring fire stop shall be repaired in accordance with a tested and approved fire stop system meeting the requirements of the UL (Underwriters Laboratory) assembly to which the fire stop is being applied. The system used shall be recorded and documentation shall be maintained for the life of the installation. Fire stop systems used shall be made available to surveyors.	N 000		
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall environment.	N 831		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE



(X6) DATE

2/7/19

STATE FORM

6699

BUEQ21

If continuation sheet 1 of 2

RECEIVED FEB 07 2019

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N 831	Continued From page 1 The findings included: 1. Observation on 01/22/2019 at 10:10 AM, revealed a hole in the wall of the physical therapy mechanical room. (Penetration was sealed during the survey with improper fire stop.) NFPA 101, 8.3.5.1 (2012 Edition) 2. Observation on 01/22/2019 at 11:45 AM, revealed an improper sheetrock repair (gypsum on concrete) on the wall in the service hall electrical room. NFPA 101, 8.3.5.1 (2012 Edition) 3. Observation on 01/22/2019 at 11:50 AM, revealed firestop falling out around a metal conduit on the assisted living/long term care 2-hour rated separation wall in the service hall. NFPA 101, 8.3.5.1 (2012 Edition) The maintenance director was present when <i>these deficiencies were identified, and were later acknowledged during the exit conference on 01/22/2019 by the administrator.</i>	N 831	NFPA 101, 8.3.5.1 All fire caulk will be removed and replaced by Premier Firestop. This area will be monitored and checked weekly for 6 weeks by maintenance staff. NFPA 101, 8.3.5.1 Dry wall will be removed and fire brick will be installed by Premier Firestop. This area will be monitored and checked weekly for 6 weeks by maintenance staff. NFPA 101, 8.3.5.1 All metal conduit will have fire caulk removed and replaced by Premier Firestop. This area will be monitored and checked weekly for 6 weeks by maintenance staff.	02/08/19 02/08/19 02/08/19